Discovery
Health Medical Scheme

ONCOLOGY INNOVATION BENEFIT

DISCOVERY HEALTH MEDICAL SCHEME
2026

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

Overview

Your health and well-being are at the heart of everything we do. Our aim is to make you feel supported, informed, and cared for throughout your treatment journey.

That's why, through our **Oncology Innovation Benefit**, members on most of our plans have access to a defined list of cutting-edge, high-cost cancer medicines and breakthrough technologies designed to treat specific cancer types.

This benefit is available on all plans **except KeyCare and Active Smart**. Because each plan is different, we'll guide you through what's available to you based on the plan you have.

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms.

TERMINOLOGY	DESCRIPTION
Co-payment	This is an amount that you have to pay towards a healthcare service. The amount can vary, depending on the type of healthcare service, the place of service and whether the amount that the service provider charges is higher than the rate that we cover. If the co-payment amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.
Designated service provider (DSP)	This refers to a healthcare professional or provider (for example, a doctor, specialist, allied healthcare professional, pharmacy or hospital) who/that has agreed to provide Discovery Health Medical Scheme members with treatment or services at a contracted rate. To view the full list of designated service providers, visit www.discovery.co.za or click on 'Find a healthcare provider' on the Discovery Health app.
Discovery Health Rate (DHR)	This is the rate that we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant healthcare services.
Precision medicine	Targeted therapies and immunotherapies guided by Next Generation Sequencing (NGS), a pathology test that identifies cancer genomic drivers. NGS is covered from the hospital benefit where clinical entry criteria is met.
Reference price	The Reference Price is the set amount that we pay for a medicine category. This applies for medicine that is not listed on the medicine list (formulary).

Cover from the Oncology Innovation Benefit for Executive and Classic Comprehensive plans (excluding Classic Smart Comprehensive plan).

Through the Oncology Innovation Benefit, you have access to a defined list of high-cost, precision medicines for certain cancers, designed to give you more treatment options.

This benefit is available when your treatment meets the Scheme's clinical entry criteria. In some cases, your request may be reviewed by an independent clinical panel to ensure fair and considered funding decisions.

Once approved, we cover up to:

- 70% of the Discovery Health Rate (DHR) for the defined list of innovative medicines and cancers on the Executive Plan
- 50% of the Discovery Health Rate (DHR) for the defined list of innovative medicines and cancers on the Classic Comprehensive Plan

If your healthcare provider charges more than the Scheme pays, you will need to pay the difference. This co-payment could be more than 30% or 50% if the provider's cost exceeds the Discovery Health Rate.

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These claims count towards your R500,000 cover limit. After reaching this amount, we'll continue covering the approved medicine at 70% or 50% of the Discovery Health Rate, depending on your plan.

We know these are difficult decisions during a deeply personal time. Our goal is to ensure you have access to leading-edge treatments, while being clear about what's covered and what costs may apply. If you need help understanding your cover, we're here to support you.

Cover from the Oncology Innovation Benefit for the Classic Smart Comprehensive, Priority, Saver, Smart Saver, Smart, and Core Plans

Through the Oncology Innovation Benefit, you have access to a defined list of precision medicines for a sub-set of cancers. This benefit is designed to give you and your doctor more options where traditional treatments may be limited.

This cover is available on most plans, but not on the KeyCare or Active Smart Plans.

To access this benefit, your treatment must meet the Scheme's clinical entry criteria. In some cases, your application may be reviewed by an independent clinical panel to ensure a fair and medically sound decision.

If your treatment is approved, we will cover up to 50% of the Discovery Health Rate (DHR) for a defined list of precision medicines and cancer types.

If your provider charges more than what the Scheme covers, you will need to pay the difference. This may be more than 50% if the treatment cost is above the DHR.

These claims will count towards your R375,000 or R250,000 benefit limit (depending on your plan), calculated at 50% of the Discovery Health Rate. Even after reaching this limit, we'll continue to fund approved treatments at 50% of the DHR, so that access to care doesn't stop when you need it most.

Defined medicines covered from the Oncology Innovation Benefit for Executive and Classic Comprehensive plans (excluding Classic Smart Comprehensive plan)

If you meet the Scheme's clinical entry criteria, you have cover for the following oncology medicines:

Funding on the Executive Plan at 70% and Classic Comprehensive Plan at 50% of the Discovery Health Rate

INDICATION	PRODUCT NAME	CLINICAL CRITERIA
Locally Advanced or Metastatic non small cell lung cancer	Keytruda	Metastatic non-small cell lung carcinoma (NSCLC) , as monotherapy and as first line therapy in patients whose tumours express PD-L1 with a ≥ 50 % tumour proportion score (TPS) and with no EGFR or ALK genomic tumour aberrations
	Keytruda	Metastatic Squamous non-small cell lung carcinoma (NSCLC) and in combination with carboplatin and either paclitaxel or nab-paclitaxel and as first line therapy
	Keytruda	Metastatic non-squamous non-small cell lung carcinoma (NSCLC) and in combination with pemetrexed and platinum chemotherapy and as first line therapy and with no EGFR or ALK genomic tumour aberrations
	Keytruda	Advanced non-small cell lung carcinoma (NSCLC) as second line therapy after platinum-containing chemotherapy and whose tumours express PD-L1 with a ≥ 1 % TPS If EGFR or ALK genomic tumour aberration, After one line of targeted therapy

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INDICATION	PRODUCT NAME	CLINICAL CRITERIA
	Keytruda	Locally advanced or metastatic non-small cell lung cancer (NSCLC) whose tumours express PD-L1 with a ≥ 1 % tumour proportion score (TPS) no EGFR or ALK genomic tumour aberrations, as monotherapy, and first line
	Tagrisso	Locally advanced or metastatic non-small cell lung cancer (NSCLC) as second line therapy (after EGFR TKI therapy) and EGFR T790M mutation-positive
	Tagrisso	Locally advanced or metastatic non-small cell lung cancer (NSCLC) as first line therapy and (EGFR) exon 19 deletions or exon 21 (L858R) positive
	Tagrisso	Non-small cell lung cancer adjuvant therapy after tumor resection in adult patients with tumors having (EGFR) exon 19 deletions or exon 21 L858R mutations.
	Xalkori	Advanced non-small cell lung carcinoma (NSCLC) whose tumours are ALK positive and as first line therapy or second line therapy after failure of systemic chemotherapy
Malignant Melanoma	Yervoy	Advanced (unresectable or metastatic) malignant melanoma
	Keytruda	Adjuvant malignant melanoma and with lymph node involvement and following complete resection
	Keytruda	Advanced (unresectable or metastatic) malignant melanoma
	Keytruda	Stage IIB or IIC Melanoma Adults and adolescents aged 12 years and above Adjuvant therapy Monotherapy
Multiple Myeloma	Darzalex	Multiple myeloma and after at least three prior lines of therapy (including a proteasome inhibitor and immunomodulatory agent) or who are double refractory to PI and immunomodulatory agent
	Darzalex	Newly diagnosed myeloma, and ineligible for autologous stem cell transplant (ASCT), in combination with bortezomib, melphalan and prednisone
	Darzalex	Newly diagnosed myeloma, and ineligible for autologous stem cell transplant (ASCT), in combination with lenalidomide and dexamethasone
	Darzalex	Newly diagnosed myeloma, and ineligible for autologous stem cell transplant (ASCT), in combination with bortezomib, thalidomide and dexamethasone
	Darzalex	Multiple myeloma, treatment of relapsed/refractory disease, in combination with bortezomib and dexamethasone in adult patients
	Darzalex	Multiple myeloma, treatment of relapsed/refractory disease, in combination with lenalidomide and dexamethasone in adult patients

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INDICATION	PRODUCT NAME	CLINICAL CRITERIA
Chronic Lymphocytic Leukemia	Imbruvica	Chronic Lymphocytic Leukaemia and as first line therapy or treatment for relapsed (refractory) disease
	Venclexta	Chronic lymphocytic leukemia in combination with obinituzumab and as first line therapy
	Venclexta	Chronic lymphocytic leukemia in combination with rituximab and after at least one prior therapy
	Calquence	Relapsed or Refractory Chronic Lymphocytic Leukemia
	Calquence®	Chronic Lymphocytic Leukaemia and as first line therapy or treatment for relapsed (refractory) disease
	Brukinsa®	Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma, without Del 17p mutation as first line therapy
Waldenstrom Macroglobulinemia	Imbruvica	Waldenstrom Macroglobulinemia as first line therapy or relapsed disease and after treatment with a rituximab-containing regimen
	Brukinsa®	Waldenstrom Macroglobulinemia as first line therapy or relapsed disease after ≥1 prior line of therapy
Mantle Cell Lymphoma	Imbruvica	Mantle cell lymphoma (MCL) and after treatment with at least one prior therapy
T-cell Lymphoma	Adcetris	Cutaneous T-cell Lymphoma and in combination with Doxorubicin, Cyclophosphomide and Prednisone and previously treated (relapsed disease) and CD-30 postive
T-cell Lymphoma	Adcetris	Cutaneous T-cell Lymphoma and in combination with Doxorubicin, Cyclophosphomide and Prednisone and as first line therapy and CD-30 postive
	Adcetris	Systemic anaplastic large cell lymphoma (sALCL)
Hodgkin's Lymphoma	Adcetris	Hodgkin's lymphoma and as consolidation therapy after autologous stem-cell transplantation and at risk of relapse or progression
	Keytruda	Classical Hodgkin lymphoma, and failed autologous stem cell transplant (ASCT), or following at least two prior therapies when ASCT is not a treatment option
Renal Cell Carcinoma	Lenvima	Advanced renal cell carcinoma (RCC) and in combination with everolimus and after one prior antiangiogenic therapy
	Keytruda	Advanced renal cell carcinoma (RCC) as first line treatment, and in combination with axitinib
	Keytruda	Advanced renal cell carcinoma, and as first line therapy, and in combination with lenvatinib

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	Keytruda	Adjuvant treatment in Renal Cell Carcinoma as monotherapy, at intermediate-high or high risk of recurrence following nephrectomy
Metastatic Head and Neck Squomous Cell Carcinoma	Keytruda	Head and neck squamous cell carcinoma (HNSCC), as first line treatment, and in combination with platinum and 5-fluorouracil (5-FU) CPS ≥ 1
	Keytruda	HNSCC with disease progression on or after platinum containing chemotherapy, as monotherapy in adults whose tumours express PD-L1 with a ≥50% TPS
Metastatic Colorectal Cancer	Keytruda	Unresectable or metastatic colorectal cancer, with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR), and as first line treatment
Metastatic Ovarian Cancer	Lynparza	Epithelial ovarian, fallopian tube or primary peritoneal cancer, platinum sensitive relapsed, with a mutation in BRCA1, BRCA2, or both complete response or partial response, to first line platinum-based chemotherapy as monotherapy
	Lynparza	Epithelial ovarian, fallopian tube or primary peritoneal cancer, platinum sensitive relapsed, with a mutation in BRCA1, BRCA2, or both complete response or partial response, to first line platinum-based chemotherapy as monotherapy
Acute Myeloid Leukemia	Venclexta	Acute Myeloid Leukemia ≥ 75 or not eligible for intensive chemotherapy in combination with LDAC Acute Myeloid Leukemia ,≥ 18 previously untreated patients, and Acute Myeloid Leukemia ≥ 75 or not eligible for intensive chemotherapy in combination with LDAC
	Venclexta	Acute Myeloid Leukemia ,≥ 18 previously untreated patients, and ineligible for intensive chemotherapy in combination with Azacitidine
Metastatic triple-negative breast cancer	Keytruda	Locally recurrent unresectable or metastatic triple-negative breast cancer, in adults whose tumours express PD-L1 with a CPS ≥ 10.
Early-stage Triple-negative Breast cancer	Keytruda	Early stage triple-negative breast cancer in combination with chemotherapy as neo-adjuvant therapy then monotherapy as adjuvant
Oesophageal and gastro-oesophageal junction cancer	Keytruda	Locally advanced unresectable or metastatic carcinoma of the oesophagus, or HER2-negative gastro-oesophageal junction adenocarcinoma, previously untreated patients, and in combination with platinum and 5-fluorouracil (5-FU) in adults whose tumours express PD-L1 with a CPS ≥ 10.
Endometrial Carcinoma	Keytruda	Advanced or recurrent endometrial carcinoma, and not candidate of curative surgery or radiatin, in combination with lenvatinib, and following prior treatment with a platinum-containing therapy
Metastatic Prostate Cancer	Lynparza®	Metastatic castration-resistant prostate cancer with a homologous recombination repair gene mutation, as monotherapy, and following prior hormone agent

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INDICATION	PRODUCT NAME	CLINICAL CRITERIA
Adjuvant non small cell lung cancer	Tagrisso® Tagrisso®	Adjuvant non-small cell lung cancer (NSCLC), and EGFR - exon 19 deletions or exon 21 (L858R) positive, first line therapy, as monotherapy
Metastatic Cervical cancer	Keytruda	Metastatic Cervical Cancer, in tumors expressing PD-L1 and with a CPS ≥ 1 in combination with chemotherapy with or without Bevacizumab as first line treatment
Gastrointestinal stromal tumor	Stivarga®	Locally advanced, unresectable or metastatic gastrointestinal stromal tumor 2nd line (following prior matinib mesylate and sunitinib malate) As monotherapy
Early Non Small Cell Lung Cancer	Keytruda	Neo-adjuvant NCSLC, and stage II, IIIA, or IIIB (T3 4N2)resectable in combination with platinumm based chemotherapy
	Keytruda	Adjuvant NCSLC, and stage IB (T2a ≥4 cm), II, or IIIA, and PD-L1 TPS between 1% and 49% as monotherapy

Defined medicines are covered up to 50% of the Discovery Health Rate from the Oncology Innovation Benefit for the Classic Smart Comprehensive, Priority, Saver, Smart Saver, Smart (excluding Active Smart), and Core Plans

INDICATION	PRODUCT NAME	CLINICAL CRITERIA
Locally advanced or metastatic non-small cell lung cancer	Keytruda solution for infusion vial 4ml	Metastatic non-small cell lung carcinoma (NSCLC) and as first line therapy and whose tumours express PD-L1 with a ≥ 50 % and with no EGFR or ALK genomic tumour aberrations
	Tagrisso	Locally advanced or metastatic non-small cell lung cancer (NSCLC) as second line therapy (after EGFR TKI therapy) and EGFR T790M mutation-positive Locally advanced or metastatic non-small cell lung cancer (NSCLC)
	Tagrisso	Locally advanced or metastatic non-small cell lung cancer (NSCLC) as first line therapy and (EGFR) exon 19 deletions or exon 21 (L858R) positive
	Xalkori	Advanced non-small cell lung carcinoma (NSCLC) whose tumours are ALK positive and as first line therapy or second line therapy after failure of systemic chemotherapy
Metastatic colorectal cancer	Keytruda solution for infusion vial 4ml	Unresectable or metastatic colorectal cancer, with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR), and as first line treatment

Get the most from your cover by using our Designated Service Providers (DSPs)

We know that facing cancer is one of life's toughest journeys and worrying about medical costs shouldn't add to that burden. That's why we're here to help you access your approved oncology treatment in the most supported way possible.

To make sure your treatment is fully covered, we encourage you to use healthcare providers and pharmacies that are part of our **Designated Service Provider (DSP) networks**, or those we have payment arrangements with. These partnerships are in place to give you peace of mind, knowing your treatment costs are taken care of.

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If your oncology medicine is administered during treatment (either at your doctor's rooms or in a treatment facility) it's a confirm with your doctor that they are using providers within the DSP network. This helps you avoid unexpected out-of-pocket costs and keeps your care on track.

If your doctor has prescribed oncology-related medicine for you to collect, please fill your script at a **MedXpress Network Pharmacy**. This ensures you receive full cover for your approved treatment. You can easily find a MedXpress Pharmacy near you by visiting **www.discovery.co.za** and navigating to: **Medical aid > Find a healthcare provider.**

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How to contact us

	Members can call us on 0860 99 88 77 Health partners can call us on 0860 44 55 66
	Go to www.discovery.co.za to get help from our chatbot, Ask Discovery.
	You can ask us a question by just saving the number 0860 75 67 56 on your phone and typing 'Hi' to start chatting with us 24/7.
	You can send us a letter to PO Box 784262, Sandton, 2146
	You can visit our offices at 1 Discovery Place, Sandton, 2196

We welcome any feedback about our service

We would love to hear if there's anything we can improve on or if we have exceeded your expectations. Your feedback helps us serve you better. To give us feedback, you can complete our short *Complaints and compliments form* on the right side of the Complaints, compliments or disputes page under **Contact us**.

What to do if you have a complaint

1. To take your query further

If you have already contacted Discovery Health Medical Scheme and feel that your query has not been resolved, you can take the next step. Please complete our short online *Complaints and compliments form.* It's on the right side of the Complaints, compliments and disputes page under section 1, Contact us**.**

2. To contact the principal officer

If you are still not satisfied with the outcome after following the process in Step 1, you can escalate your complaint to the principal officer of Discovery Health Medical Scheme by choosing one of these options:

- Complete our short online *Contact the principal officer form*. You'll find it on the right side of the Complaints, compliments and disputes page under section 2, Contact us.
- Send an email to principalofficer@discovery.co.za.

3. To lodge a dispute

If you have received a final decision from the principal officer of Discovery Health Medical Scheme and want to challenge it, you can lodge a formal dispute. You can find more information online about the Scheme's dispute process.

4. To contact the Council for Medical Schemes

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You can contact the Council directly at any stage of the complaints process, but we encourage you to follow the steps above before doing so.

The contact details are:

	Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157
	complaints@medicalschemes.co.za
	0861 12 32 67
	www.medicalschemes.co.za

Your privacy matters to us

We take your privacy seriously. We're committed to protecting your personal information and keeping it safe and confidential. You can read our full privacy statement anytime at www.discovery.co.za > **MEDICAL AID** > **About Discovery Health Medical Scheme**.

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